

AD 2003 HSI Guide On-Site Document List

TEAM CHIEF DOCUMENTS	
EXECUTIVE MANAGEMENT	
Official biographies of the installation/wing/center commander and medical unit senior leaders	
Medical unit mission/vision/goals	
Strategic plan and measurement tools used to assess goal achievement	
Unit's organizational chart	
Unit Manning Document and Unit Personnel Manning Roster (UMD and UPMR)	
One hard copy of all medical unit instructions, (including index) directives and policies (a CD copy of the same for use by other inspectors in the work center, if available)	
Executive Committee meeting minutes for past two years, including attachments	
Any documents relative to customer complaints, resolution, tracking, etc. (cross-reference if placed with JCAHO documents)	
Minutes of the Health Care Council (or equivalent for interchange with consumer groups/representatives) for 24 months	
CREDENTIALS (Note: These items should be under lock and key.)	
Documentation since last HSI relating to all adverse privileging actions (with associated PCF & PAF if still maintained at the facility)	
Documentation since last HSI relating to abeyance actions (with associated PCF & PAF if still maintained at the facility) which did not otherwise result in adverse action (place in same location as adverse action documentation)	
Documentation since last HSI relating to any medical incident investigations (place in same location as adverse action documentation)	
Documentation since last HSI relating to any investigation/inquiry into the misconduct, professional competence, negligence, or health condition of a privileged provider (place in same location as adverse action documentation)	

ADMINISTRATOR DOCUMENT LIST

LOGISTICS

Appointment letters binder
Equipment and materiel annual inventories
Any reports of survey (to include vault items)
Inventory Accuracy Analysis Reports (including WRM)
Inventory Adjustment Vouchers (including WRM)
QA program log/record book and Suspended Item Report (from MEDLOG)
ERAA minutes
Professional services contract documents (FAC & QAE training documentation when applicable)
Custodian handbook
WRM Stock Status Report (most recent)
Memorandum(s) of Agreement with detached units (if applicable)
Backorder listing
Purchasing plan for each WRM project
Plan for obtainment of WRM project line items coded for deferred procurement (if applicable)

FINANCIAL

Summary reports of performance and cost effectiveness data given to key management personnel (12 months)
CCM minutes
CCM guide

SELF-INSPECTION PROGRAM

Unit self-inspection program directive
Program manager's book/binder
Documentation of self-inspections and follow-up actions
Open discrepancies status reports to executive committee (12 months)

TRICARE/ACCESS MANAGEMENT

Template Analysis Tool (Primary Care, Internal Medicine, Flight Medicine, Pediatrics – 4 weeks past and 4 weeks in the future)
AF P2R2 Report (12 months)
Measurements of Customer Satisfaction with Access (12 months; may use TOPS or P2R2 Virtual Analyst)

MSA/TPC/MAC

TPC and MAC results (12 months)
Policy/instructions on MAC, TPC
Memorandums of Understanding (MOU) for MAC and TPC
AF Form 1488 logs (12 months)
AF Form 438 log (12 months)
MAC reconciliation (last 4 quarters)

DATA QUALITY

Data quality indicator reports provided to executive management teams (12 months)
Data quality verification/audit documentation (12 months)

ADMINISTRATIVE SERVICES/HEALTH RECORDS
Results of last medical records inventory
Data on outpatient records availability and accountability (12 months)
Local procedures (OI, MDGI, etc.) for management of health records
MEDICAL READINESS
Medical Readiness Staff Function minutes (15 months)
Current MCRP (with external and internal coordination documents)
DOC statement and SORTS reports (arranged with inspector and readiness officer/NCO)
Appointment letters
MOUs with local agencies for support as outlined in MCRP (if applicable)
Base Support and Deployment Plans
Annual exercise schedule
Annual unit training plan
Master binder of disaster team checklists
All post-exercise or incident summaries (24 months)
Four disaster team binders
Mobility guide or local guidance
Listing of primary mobility personnel
15 Mobility Folders
AFSC-specific sustainment (RSVP) training continuity folders for 4 deployable AFSCs (2 officer and 2 enlisted preferred)
Completed MR Data Collection Sheet from On-Site Document List (<i>Figure 1</i>)

MEDICAL READINESS DATA COLLECTION WORKSHEET

Unit Name: _____

Date: _____

UTC TEAM TRAINING

UTC	Personnel Required	Personnel Assigned	% Trained C3ISR	% Trained NBC	% Trained UTC Specific	% Trained Field MTF	% Trained SABC	% Trained NBCDT	% Trained NBC TQT

(Instructions to MTF: Add additional rows for each DOC assigned UTC)**UNIT DISASTER TEAM TRAINING**

TEAM TITLE	Date of Most Recent Training	Number Personnel Assigned	Number Personnel Trained	Number of Training Sessions in Past 2 Years
(Fill in as applicable)				
Medical Control Center				
Aerospace Medicine/Field Treatment Team				
Minimal				
Delayed				
Immediate				
Radiology				
Laboratory				
Pharmacy				
Surgery				
Nursing Services				
Mental Health/Crisis Response				
Public Health				
Bioenvironmental Engineering				
Medical Logistics				
Manpower				
Facilities Mgt				
Food Service				
Patient Administration				

MEDICAL READINESS DATA COLLECTION WORKSHEET – page 2

EXERCISE SUMMARY

(Complete only for those exercises required/completed by your organization)

NAME OF EXERCISE REQUIREMENT	DATES CONDUCTED THIS YEAR	DATES CONDUCTED LAST YEAR
Mass casualty exercise (annually)		
Major accident response (quarterly)		
Attack response (semiannually in chem/bio threat area; annually for non-threat areas)		
Natural disaster response (annually)		
Alternate medical facility (biennially)		
Mobilization exercise (annually for all assigned to mobility)		
National Disaster Medical System (annually if applicable)		
Recall (IAW local requirements)		
MCRP annexes or other medical plans; list each annex and use separate page if necessary		
Field exercise/training for deployable personnel (annually) or as defined by MAJCOM/SG		
Assemblage setup, inventory and exercise (all personnel assigned to work in applicable WRM assemblage) (annually)		
Each UTC which is subject to deploy with WRM assets (e.g., ATH, ATC, etc.); list each UTC and use separate page, if necessary (annually)		

MEDICAL READINESS DATA COLLECTION WORKSHEET – page 3

SELF AID/BUDDY CARE SUMMARY

UNIT (list all host base and tenant units)	Dates Unit Program Evaluated (current and prior year dates)	Unit Instructors (list all certified)	Currency Dates for each Instructor (two courses per yr)

(Instructions to MTF: Add additional rows as needed.)

I certify the above information is true and accurate.

Medical Readiness Officer or Designee

BEHAVIORAL HEALTH INSPECTOR DOCUMENTS

MDGIs for pain assessment/management; nutritional risk assessment/ management; and patient and staff safety; Training Affiliation Agreements
Memorandum of Agreement/Understanding with local hospitals/clinics or local governmental agencies or domestic violence shelters
Crime prevention and protection surveys, threat assessment
Training schedules, attendance rosters and lesson plans related to command directed evaluations, Critical Incident Stress Management, and suicide/violence prevention briefings; suicide prevention plan; SESS data; High Risk Log; CISM activation plan; CISM peer support volunteer roster; all after-action reports; training certificates
Cross Functional Oversight Committee minutes for past 2 years; documentation of the Staff Judge Advocate assessment of DDRP (past 2 years); Specimen Summary Sheet for untestable specimens (from MAJCOM) and action plans; signatures of trained observers; DDR logbook; calendars/primary source documentation of 8 or more testing days per month; substance abuse prevention outreach and education programs schedules, attendance rosters and lesson plans
ADAPT prevention and education schedules; attendance rosters and lesson plans
Current Certified Drug and Alcohol Abuse Counselor certifications and training records IAW AFI 44-119, Clinical Performance Improvement
FAP plans, MOUs, installation directives, and OIs
Special Needs Identification and Assignment Coordination Process: OIs, logs for Q-codes and Facility Determination Inquiries
Family Advocacy outreach training schedules, attendance rosters and lesson plans
New Parent Support Program (NPSP) OIs
Integrated Delivery System/Community Action and Information Board minutes for past 2 years
Family Maltreatment Case Management Team minutes for the past 2 years
Family Advocacy Committee minutes for the past 2 years (CAIB minutes if FAC subsumed under CAIB)
Records (THESE RECORDS MUST BE IN THE HSI WORK CENTER): <ul style="list-style-type: none"> - One commander directed evaluation and the outpatient record - 3 active Live Skills records with outpatient records - 4 FAP records (1 child abuse, 1 child sexual abuse, 1 spouse abuse, 1 EFMP) with outpatient records - 4 NPSP records (1 low needs/3 high needs) with corresponding outpatient records - 5 ADAPT records (include all treatment options) with outpatient records
Patient access data from past 24 months
Self Inspection Program data for the last 2 years
Educational and Developmental Intervention Services (EDIS)
Organizational chart for EDIS with names of key personnel
EDIS self-assessments within the last 2 years
EDIS OIs, training schedules, lesson plans, etc.
Program standards and documentation supporting implementation
Early Intervention Services book of program agreements with the Child Development Center/DoDDS/DDESS

Memorandums of Agreement (MOA)
Child Find documentation
Minutes of the Integrated Delivery System (or equivalent for interchange with consumer groups/representatives)
All EDIS client files and corresponding outpatient records
Documentation of peer review of records
Performance improvement documents

BIOENVIRONMENTAL ENGINEER INSPECTOR DOCUMENTS

List of authorized personnel/names of personnel assigned to Bioenvironmental Engineering
BEE Command Core implementation plan with specific time lines, goals and current status (Unless BEE shop is at FOC)
List all industrial workplaces, containing the routine surveillance category (IAW AFI 48-145) and the dates of the three most recent survey dates
AFOSH Council minutes for the last 12 months with attachments
Occupational Health Working Group minutes for the last 12 months with attachments
Self-inspection program documentation
Documentation of BE participation in Primary Care Optimization (PCO) Program
List of BE-related findings from external audits/inspections (e.g., ECAMP, OSHA, NRC). Indicate what has been done to correct each finding.
List of open risk assessments codes (RACs 1, 2 and 3 only)
Listing of identified priority "A" special surveillance requirements, to include date the priority was assigned (see AFI 48-145, Table 2-2)
List of workplaces where workers are exposed to chemical hazards above the action level or OEL. Indicate the specific hazard (e.g., strontium chromate), applicable exposure limit and measured exposure.
List of workplaces where workers are potentially exposed to chemicals covered by OSHA substance specific standards (e.g., methylene chloride, asbestos, formaldehyde, lead, cadmium and benzene) and those shops required to implement substance specific standard; indicate if air monitoring (or other assessment) was completed, and if monitoring showed exposure was below the action level, above the action level but below the OEL, greater than the OEL, or not done
Copy of BE sampling log or equivalent for the previous 24 months
List of areas where regulated areas have been established to include workplace, process and contaminant
Copies of BE input for five pregnancy profile evaluations (preferably from industrial areas)
Copies of AF Form 190 (or SF 513) showing BE evaluations of suspected occupational illnesses/injuries conducted within the last two years (limit to 20)
List of workplaces where industrial ventilation is classified as a control system (may be annotated on a master list of all case files)
Base respiratory protection instruction
List of workplaces where respirator use is authorized; include contaminants of concern, respirator type, and cartridge type, if applicable
Respiratory protection program annual review (for the past 2 years)
Documentation of audiometric booth surveys conducted in the last 2 years
List of workplaces with tasks which require entry into "permit required" confined spaces
Copies (if available) of at least three master entry plans for confined space entry
Base hazard communication instruction
Construction project and AF Form 332 logs (have examples of other records of project comments available), if applicable

Base radiation safety instruction (or other formal documentation of the base radiation safety program). A listing of shops receiving ALARA training and training documentation for at least one of those shops.
List of locations where abnormal/adverse exposure to ionizing non-ionizing radiation and has occurred in the past 3 years. Include reports of investigation or abnormal/overexposures.
At least eight industrial case files; five of these should be the “worst case” workplaces: one for each of the following hazards: chemical, noise, ionizing radiation, non-ionizing radiation and biological; the other three should be category 1 shops; include AF Forms 2755 and 2766 (or equivalent) for these shops. Identify which case file represents which hazard.
List of BEE-owned field detection equipment and required calibration frequency
Copies of last four QNFT reports to MAJCOM
Water Vulnerability Assessment
Documentation of joint BE/CEX readiness training for the last two years
Documentation of industrial hygiene training and annual BE HAZMAT training (<i>Figure 2</i>)
Percentage of personnel requiring QNFT who have completed the training
Reports to Wing Readiness/Force Protection Council (or equivalent) on QNFT program
Documentation of operational testing of Chemical Agent Monitors owned by medical group
BE checklists for contingences and emergency response

Bioenvironmental Engineering Training

Industrial hygiene related formal training completed within the last 2 years:

Name	Current skill level	Primary area of responsibility	Courses completed with date

HAZMAT core competency training/documentation for the last 2 years:

Provide refresher training documentation for HAZMAT emergency response IAW AFI 32-4002, Hazardous Materiel Emergency Planning and Response Program, paragraphs 4.7 and 4.8. The following table may be used for this purpose or provide your current method for documentation.

Name	Type of formal training with date	Real world response participation (type, date & duration)	Base exercises (type, date & duration)	In-house training (type, date & duration)	Supervisor annual core competency certification w/date

DENTAL DOCUMENT LIST

DENTISTRY

DCIMS roster (not older than two weeks)

Preventive dentistry publicity/notebook

Periodic dental examination participation rates (past 12 months) (*Figure 3*)

Dental readiness classification percentages (past 12 months)

Dental service strategic/management plan/dental metrics

Dental operating instructions

CPA&I documents (past 6 months)

Dental committee/function minutes (past 6 months)

DOD/DCQ notebook (call roster from past 6 months and 644b's) from past 90 days

Dental Service Report (most recent month)

Dental Treatment Room (DTR) inventory

Biopsy and hypertension/consultation logs

Personnel roster (include biographies of officer and senior enlisted members)

Copy of annual dental budget

Self-inspection/assessment documentation

Five dental records with treatment rendered via conscious sedation

Number of patient satisfaction questionnaires completed (past 12 months)

DENTAL DOCUMENTS

Figure 3

PERIODIC DENTAL EXAM WORKSHEET

(Fill in the Blanks)

If you have questions regarding how to complete this worksheet, call one of the dental inspectors at the Air Force Inspection Agency.

	Month	# Identified for Periodic Dental Exam	-	# Unavailable for <u>Entire</u> Month	=	# Available for Periodic Dental Exam	# Dental Exams Completed
1.			-		=		
2.			-		=		
3.			-		=		
4.			-		=		
5.			-		=		
6.			-		=		
7.			-		=		
8.			-		=		
9.			-		=		
10.			-		=		
11.			-		=		
12.			-		=		
						Sum of above: _____	Sum of above: _____
Example:	June	100	-	10	=	90	87

FLIGHT SURGEON INSPECTOR DOCUMENTS

Pro Staff and Executive Committee of the Medical Staff minutes for past 12 months (including attachments)

AIRCREW HEALTH

Section meeting minutes for the past year (with attachments) for: Aeromedical Council (AMC); Occupational Health Working Group and Ergonomics Working Group (or equivalents); any periodic staff meeting documentation (e.g., weekly grounding meetings, squadron management meetings)

Any metrics or other measures relating to the inspected area (e.g., exam completion times, DNIF management metrics, PIMR completion rate)

FS non-clinical activity logs and flight surgeon peer review documentation for the past 6 months

Office OIs, policy memos, other written guidance

FSO training activities and schedules for the past and upcoming year

Documentation of FS briefings to professional staff, flyers (e.g., flight safety), and any other base or community briefings

AF Form 1041 log for the past 12 months (include weekly AF Form 1041 for past 3 months)

Additional flyers' medical records will be requested after the HSI team arrives at the medical facility

Waiver card file and database summary sheet; list of unit's MAJCOM delegated waiver authority

Unit's 4T profile tracking roster

Six months of the Assignment Availability Code 31, 37, and 81 roster

6 4T profiles (3 pregnancy, 3 other); AF Form 422 with the outpatient medical records

MEB tracking log for past 12 months

3 medical records of members processed for MEB/WWD evaluation

Physicals for the following (copies or originals and outpatient medical record):

- 2 flying waiver packages (1 local waiver approval and 1 MAJCOM/AFMOA approval)
- 1 initial (I, IA, II, III) Flying/Special Operations Duty

10 PIMR records from non-flyers

AEROMEDICAL STAGING FACILITY (ASF)

Index of operating instructions, local policy memos, or other written guidance

Copy of plan for delivery of care/services

Metrics or other measures related to the ASF (e.g., lost baggage, consultant response times, etc.)

Technician/staff training documentation for 2 nurses and 2 medical technicians

Copies of 10 DD Forms 602 and any continuation sheets or similar patient medical records (e.g., AMC 845, generated while in the ASF)

Copies of patient orientation materials

OPERATIONAL OPTOMETRY

OIs/written guidance related to normal clinic operations and aviator/mobility personnel support (e.g., soft contact lens program, bifocal fittings, gas mask inserts), Aircrew Soft Contact Lens Program log, PRK Waiver log

AEROSPACE PHYSIOLOGY TRAINING
Documentation of any metrics related to the programs listed above (e.g., turn around times, error rates, appointment availability)
Self-inspection book with past 12 months inspection results/documentation, if available
OIs related to flight surgeon support requirements and emergency medical care (e.g., chamber reactors)
Listing of all human related briefings provided to line personnel in the last 2 years (those over and above the routine TARF, TTB, etc., refresher courses)
Patient treatment logs, including AF Forms 1389, Clinical Hyperbaric Treatment Record, if applicable (include up to 3 medical records for personnel who received emergency hyperbaric therapy or chamber reactor treatment)
OCCUPATIONAL HEALTH
Occupational health medical examination (OHME) currency rates for each of the previous 12 months (include all types of exams)
Notebook of all current AF Forms 2755 and AF Forms 2766 (or equivalent) for all Category 1 shop/special purpose exams
Medical records and copies of AF Forms 2755 and 2766 for the following occupational exams: <ul style="list-style-type: none"> - 2 from structural maintenance or similar shop - 2 from corrosion control or allied trades - 2 from pesticide shop - 2 Fitness for Duty exams or disability evaluations - 2 HCDC or HCC referral cases for STS <u>Note:</u> Include AF Forms 2755 and 2766 that were in effect at the time the occupational examination was performed.
Abnormal audiogram findings log (e.g., STS/PTS log) for the last 12 months

NURSE INSPECTOR DOCUMENTS

NURSING

Officer professional development records arranged by corps (MC, DC, MSC, NC, BSC); three folders for each corps

Any documents that describe professional conduct and performance requirements for all staff; in addition, provide copies of the required semiannual briefings for AFMS values, expectations, and standards of expected behavior

Any documents, policies, etc. related to implementation of corps-specific/critical mentoring/proctoring programs for new accession junior officers

Customer Service/Satisfaction Pre-Interview Form (*Figure 4*)

Training Affiliation Agreements Pre-Interview Form (*Figure 5*)

Nursing practice policies and guidance

List of all nursing personnel, their assigned duty locations and reporting officials

Nursing practice staff meeting minutes (if any)

Population Health Integration Pre-Interview Form (*Figure 6*)

HEALTH PROMOTION PROGRAM

Minutes of the installation HPP Working Group (HPPWG) for the last 24 months

Reports and metric data forwarded to MAJCOM for the last 24 months (flag these if included in the HPPWG minutes)

Manning and staffing documents (job descriptions and requirement for positions) of filled/unfilled positions

Fitness Ergometry Summary (*Figure 7*)

Nutritional/Dietary training record and the last nutritional medicine staff assistance visit report.

PREVENTION EDUCATION

Population health work group minutes, operating instructions/policies of planning/implementation process, attached pre-interview form (*Figure 6*)

Documentation of medical staff training

Documentation of feedback to medical staff regarding provider performance, intervention success rates, etc.

DoD/HEDIS report card data (e.g., percent of age-appropriate women with mammograms)

Medical Records: (total of 20 non-active duty TRICARE Prime)

- 4 Pediatrics (30-40 months old)
- 3 Females (\geq 40 years old)
- 3 Males (\geq 40 years old)
- 6 Females (20-39 years old)
- 4 Males (20-39 years old)

Customer Service/Satisfaction Pre-Interview Form

INSTRUCTIONS: Please complete this form and place it with the on-site documents in the Customer Satisfaction folder. (Customer Satisfaction previously referenced as 'Skunkworks')

1. Who is the project officer for customer services (risk management/complaints monitor)?
2. Who is the project officer for AFMS customer satisfaction principles?
3. What is the process for managing complaints? (note MDGI, if applicable)
4. How is the composite data and information gathered from customers integrated into the facility process improvement program?
5. How are 'No Shows' for medical appointments managed in the facility?
6. How are customer satisfaction principles applied in staff recognition programs?
7. What is the process for individual 'customer service performance' feedback to staff members?

Note: During the interview, specific patient concerns will be reviewed.

Training Affiliation Agreement (TAA) Pre-Interview Form

INSTRUCTIONS: Please complete one form for each TAA maintained. Place completed pre-interview form in each TAA folder.

1. What is the name of the civilian organization?
2. What is type of training requested?
3. Who is the military manager of TAA?
4. What is the first activation date?
5. What is the date of the last MDG/CC review?
6. What is the date of the last JAG review?
7. What is the date of the last SGWM review?
8. How is effectiveness/appropriateness of the TAA evaluated?
9. How is the executive team involved in oversight of the TAA?
10. Describe the review/renewal process for TAA.
11. Describe your tracking system for review/renewal of TAA.
12. How have you improved the TAA management process?

Population Health Integration Pre-Interview Form

INSTRUCTIONS: Complete and place this form with on-site Population Health Integration documents.

A. General Information:

1. Maximum Achievable Enrollment (MAE) IAW MAJCOM Guidance: _____
2. Current Enrollment to TRICARE Prime: _____

B. Primary Care Manager (PCM) Information:

1. Total number of PCMs IAW HQ USAF/SG "Population Health Improvement-Priority Areas" (list information below/use separate sheet if necessary with same format):

<u>PCM Team/Name</u>	<u>Enrollment</u>	<u>46N/RNs</u>	<u>4N0s/Techs</u>	<u>4As</u>
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-
-
-
-

2. # beneficiaries (not included in PCM information above) enrolled to PCM by name: _____

3. Average enrollment of beneficiaries per primary care manager (PCM): _____

- Does this include flight medicine providers? Yes / No
- If "No," what are flight medicine beneficiaries per PCM? _____

4. Exam rooms per PCM provider: _____
5. Average daily patient visits per PCM: _____

C. Resource Utilization Information:

- | | <u>Assigned to MTF</u> | <u>Not Assigned as PCM</u> |
|------------------------|------------------------|----------------------------|
| - Nurses | | |
| - Practitioners | | |
| - Physicians | | |
| - Flight Surgeons | | |
| - Physician Assistants | | |
| - 4N0s/Techs | | |
| - 4As | | |

Population Health Integration Pre-Interview Form – page 2

GOAL: To determine compliance with memorandum from HQ USAF/SG, Population Health Improvement Priority Areas, Apr 00.

INSTRUCTIONS: Please attach or flag information on the following activities in the onsite documents (e.g., MDGIs, section instructions, PCO plan, minutes, charters, job descriptions, protocols, etc.).

<u>Location</u>	<u>Information Type</u>
-----------------	-------------------------

_____	Group practice management function
_____	Population health management function
_____	Formal medical in-processing of enrolled population
_____	Primary care manager by name enrollment and notification process
_____	DOD/VA clinical practice guidelines
_____	Disease/condition management
_____	Protocol-based use of care extenders
_____	Emphasis on specific performance measures (including at least individual medical readiness, two-year-old immunizations, mammography, pap tests, and prenatal care in the first trimester)
_____	Data quality/data management
_____	Emphasis on specific best business practice measures (including support staff/PCM, exam rooms/PCM, patient centered care, access to health services and pharmacy utilization)
_____	Expanding roles and responsibilities of non-provider staff
_____	Nurse/pharmacy managed clinics
_____	Nurse triage
_____	Health care integrators
_____	Leveraging community resources
_____	Integration of mental health in primary care
_____	Access monitoring and template management
_____	Public Health Officer functioning as the installation epidemiologist
_____	Marketing
_____	DEERS/CHCS reconciliation
_____	Capacity management
_____	Demand management
_____	Demand forecasting
_____	Plan for TRICARE prime enrollment
_____	Plan for Recapture of Private Sector Care
_____	Case management

REFERENCES: The AFMS Population-Based Health (PBH) Plan, Jan 99; Policy to Improve Military Treatment Facility (MTF) Primary Care Manager Enrollment Capacity, Mar 00; HQ USAF/SG memorandum, Population Health Improvement Priority Areas, Apr 00; Department of Defense Population Health Improvement Plan and Guide, Apr 00; A Guidebook to Primary Care Optimization, Jun 00.

FITNESS PROGRAM PRE-INTERVIEW QUESTIONS

INSTRUCTIONS: Please provide the following information and submit with requested documents.

1. Number of active duty (AD) assigned requiring Fitness testing: _____
2. Number of AD exempted/waivered from testing: _____
3. Number of AD tested: _____
4. Number of AD tested and passed: _____
5. Number of AD tested and failed: _____
6. Number of AD in Monitored Fitness Improvement Program (MFIP): _____
7. Number of AD in Self-Directed Fitness Improvement Program (SFIP): _____
8. Method(s) used to communicate Fitness testing status to unit/wing commanders (also attach most current communication tool): _____

PUBLIC HEALTH INSPECTOR DOCUMENTS

Organizational

Organizational chart for Aeromedical Services and PH (identify PH FSO consultant and/or Occupational Medicine physician); include a PH personnel listing with current duty assignments

Completed extraction tools found in the inspection guide and protocols (same information requested in both locations)

Sanitation, Food Inspection

PH facility sanitation evaluations of base child development center and gym for the last 12 months

Copy of the CDC/Family Home Day Care multidisciplinary inspection; provide name of the CDC medical advisor

PH food service sanitation evaluations of the main base dining hall, a club dining facility, and in-flight kitchen for the last 12 months; include facility trend analysis

Vendor quality history log from 1 prime vendor (e.g., SYSCO, Alliant) and 1 direct vendor (e.g., FFV, dairy); lesson plan for training receipt inspection personnel

ALFOODACT and customer complaint logs

Food vulnerability assessment

Communicable Disease Control,

Facility instructions (medical unit and PH) related to the STD, INH/TB, and animal bite programs. Include all attachments.

STD, INH/TB, and animal bite case tracking mechanisms (e.g., logs) for the last 12 months

The following medical records, with relevant documentation “flagged” (e.g., “post-it notes”):

- 3 patients treated for a sexually transmitted disease. If possible, provide one syphilis, gonorrhea, and HBV case
- 1 patient named as contact to any sexually transmitted case
- 2 patients having completed/terminated INH therapy, if possible; otherwise, provide records from patients currently undergoing therapy; select patients who initiated post-exposure prophylaxis at your base
- 2 patients treated for an animal bite, at least one of which required treatment with rabies post-exposure chemoprophylaxis (if available)

Wing Deployment Support

Deployment health surveillance tracking mechanism (e.g., log) for the last 12 months

- 3 personnel who have deployed and redeployed in the last 12 months; pick records of personnel deployed to areas with some preventive medicine risk (e.g., SWA, Africa, Central America)

Occupational Health

AFOSH Council minutes for the last 12 months, with attachments

Log of all occupational illness investigations in the past 12-24 months

Medical bloodborne pathogen potential exposure log for last 12 months

Medical unit bloodborne pathogens exposure control plan and any other related instructions

Medical unit tuberculosis exposure control plan and any other related instructions

All related medical unit employee health instructions

Medical unit employee roster (e.g., ASIMS printout) indicating employee screening activities and medical unit employee compliance report

<p>Tab F from the following shops:</p> <ul style="list-style-type: none"> - Two category 1 shops that require biological monitoring (to include one shop on the hearing conservation program and one with special purpose examinations) - One shop that has workers potentially exposed to chemicals covered by OSHA substance specific standards (e.g., methylene chloride, asbestos, formaldehyde, lead, cadmium and benzene)
<p>Fetal protection case tracking mechanisms/log for the last 12 months and all related instructions</p>
<p>The following medical records, with all relevant documentation “flagged”:</p> <ul style="list-style-type: none"> - 2 patients with a fetal protection evaluation (select ones requiring targeted duty restrictions to specific hazards) - 2 MTF workers evaluated and followed-up for blood/body fluid occupational exposure incident - 1 MTF worker classified as “high risk” and 1 MTF worker classified as “exposure prone” who have been on station at least 15 months. Flag the inprocessing overprint and the annual HIV screening and HBsAG screening (as appropriate) - 2 patients who have suffered permanent hearing loss

SENIOR ENLISTED INSPECTOR DOCUMENTS

OPERATIONAL IMMUNIZATION SERVICES

Technician training documentation for primary, immunization backup (IBT), and augmentee technicians assigned. List of personnel who provide backup and a copy of training plan used to ensure their competency.

Have available at interview 3-5 PHS-731, International Certificates of Vaccination, and the medical records to match

Section OIs and other guidance related to immunization procedures, especially mobility support

EMERGENCY RESPONSE: AMBULANCE AND EQUIPMENT

Letters of appointment for vehicle NCO/OIC and trainer (Emergency response vehicles only)

Lesson plans, tests, and attendance rosters

Ambulance services and vehicle training policies and guidance

Roster of personnel with vehicle training

Roster of personnel authorized to drive vehicle on the flight line

Initial and annual refresher training dates for all personnel requiring Hazardous Material Awareness training (HAZMAT); completed HAZMAT worksheet (*Figure 8*)

Pre-hospital protocols for ambulance services

ON THE JOB TRAINING (OJT)

Military Personnel Flight generated training roster (last 2 MilPDS documents)

ALL: six-part folders, to include each AFSC assigned, comprised of 75% in upgrade training

- Medical Center: 30 records

- Clinic/Hospital: 20 records

Master Training Plan (MTP) for all six-part folders pulled for document review

Base staff assistance visit reports

Documentation of unit education and training managers (UTM) informal work center visits

UTM formal assessment of unit OJT program (every 12 months)

Unit OJT supervisor meeting minutes; Current list of certifiers and trainers

EDUCATION AND TRAINING (LIFE SUPPORT)

Letter of appointment of CPR trainer/coordinator

List of instructors and their certification/American Heart Association/American Red Cross

Copies of lesson plans

Training documentation (sign in rosters, test, etc.)

Documentation to support CPR training accomplished outside the unit

List of medical personnel current in CPR/Advance Cardiac Life Support

Annual/quarterly training dates for personnel requiring AED training for the past 12 months

Life support training/certification; completed Life Support Questionnaire (*Figure 9*)

Emergency Medical Technician (EMT) statistics/training programs; list of all EMTs showing expiration date and current number of individual CEUs

PHARMACY

Pharmacy operating instructions/policies

Copies of current pharmacist licenses

Self-inspection report
Pharmacy and Therapeutic (P&T) Function Minutes (2 years)
Organizational medication use regulations/ instructions (Any medication regulation/ instruction with pharmacy or the P&T as the OPR, or any regulation/instruction that establishes medication use policy)
Have the following documents available at interview: vault access letter, AF Forms 579, AF Forms 85, biennial inventory, prepack log, narcotics destruction documents, monthly disinterested inspections and intervention logs
INDEPENDENT DUTY MEDICAL TECHNICIAN (IDMT)
Documents for Independent Duty Medical Technician (IDMT), program monitors binder (if applicable). Six-part training folders of all IDMTs assigned including those assigned to MMU/remote site if applicable; MMU/Remote site support plans, ANG host medical treatment facility (HMTF) training affiliation agreements if applicable

Figure 8

POC: name and phone number_____

Average number of HAZMAT classes held on base (per year)?

Please fill in the blanks in the table below

[illegible]

LIFE SUPPORT TRAINING QUESTIONNAIRE

Applies To the Organization's Entire Staff (e.g., military, civilians, and volunteers)

Briefly describe how the following activities are accomplished (or attach documentation and/or metrics, if available). Personnel who are managing life support programs should complete this questionnaire.

1. Scheduling of BLS, ACLS/PALS/ATLS, NRC (if inpatient OB services).
2. Tracking individual currency in life support training.
3. Tracking organization-wide currency in life support training.
4. Reporting status of life support training currency.
5. Attach documentation/metrics tracking organization-wide currency of the above training/certification for the 12 months prior to the HSI (e.g., percent per month for last 12 months).
6. Has the effectiveness of systems for scheduling, tracking and/or reporting life-support training/certification been evaluated?

YES ☐ NO ☐ If yes, describe ***briefly*** findings/improvements or attach documentation:

7. List the POC for life support training questions:

Rank/Name: _____ Duty Section: _____ Phone: _____